

DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES

**STAFF TRAINING PROGRAM
CHILD DAY CENTERS
22 VAC 15-30-230 A 5**

This form may be used to verify that a center has a staff training program according to 22 VAC 15-30-230 A 5 of the child day center regulation.

Name of Center: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ FAX Number: _____

Name of Center Representative Submitting Form: _____

Title of Center Representative: _____

The center representative may wish to attach documentation of the individual(s) who completed the training program as described in this form.

Please state the goals of your training program*: _____

Please state how you evaluate whether these goals are met*: _____

Please check the content areas covered by the training program and indicate when the training is conducted, the number of hours to complete the training, who conducts the training and the qualifications of the trainer.

_____ Human Growth and Development Birth to Age 12 Years
is offered _____ for _____ hours
by _____. Trainer's Qualifications are: _____
(Name of Trainer)

_____ Behavioral Management of Children
is offered _____ for _____ hours
by _____. Trainer's Qualifications are: _____
(Name of Trainer)

_____ First Aid
is offered _____ for _____ hours
by _____. Trainer's Qualifications are: _____
(Name of Trainer)

_____ Other Topics (please indicate below or attach)

1) _____
is offered _____ for _____ hours
by _____. Trainer's Qualifications are: _____
(Name of Trainer)

2) _____
is offered _____ for _____ hours
by _____. Trainer's Qualifications are: _____
(Name of Trainer)

(Signature of Person Completing Form)

(Date)

* Attachments may be submitted.

To be completed by Department of Social Services Staff

_____ This training program meets 22 VAC 15-30-230 A 5 of the Minimum Standards for
Licensed Child Day Centers

_____ This training program does not meet 22 VAC 15-30-230 A 5 of the Minimum Standards
for Licensed Child Day Centers

We can re-evaluate the training program if new or additional information is submitted. In accordance with 22 VAC 15-30-90 4, please file this form, or a copy of the form with a note of where the original is kept, in the file for the Program Director meeting 22 VAC 15-30-230 A 5.

(Signature and Title of DSS Staff)

(Date)

(Phone Number)